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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: Application 10/621,720

Ladies and/or Gentlemen:


Enclosed please find the following for filing and processing:

1. Transmittal and 4 Corrected/Replacement Drawing Sheets per the Examiner's Notice of Allowability;
2. Fee Transmittal; and
3. Credit Card Payment Form for \$1,000 including Issue and Publication fees.

If you have any questions, please call me.

Thank you for your attention and cooperation.

Very truly yours,

  
Mark Bernsley

MB/ww



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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/621,720	
	Filing Date	06/26/2003	
	First Named Inventor	Mark Bernsley	
	Group Art Unit	3751	
	Examiner Name	Charles E. Phillips	
Total Number of Pages in This Submission	4	Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Corrected drawings (4 Replacement Sheets) submitted per Notice of Allowability, together with issue and publication fees.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MARK BERNSELEY
Signature	
Date	8/9/05

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 8/9/05			
Typed or printed name	MARK BERNSELEY		
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